

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185217	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/04/2015
NAME OF PROVIDER OR SUPPLIER METCALFE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 701 SKYLINE DRIVE EDMONTON, KY 42129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 225 SS=D	<p>*Amended</p> <p>An abbreviated standard survey (KY23299) was initiated on 06/01/15 and concluded on 06/04/15. The complaint was unsubstantiated with unrelated deficient practice identified at "D" level.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported</p>	F 225		6/26/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/05/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility policy, and review of the facility investigation it was determined the facility failed to ensure allegations involving mistreatment, neglect, or abuse were thoroughly investigated for one (1) of three (3) sampled residents (Resident #1). Interview conducted with the facility's Director of Nursing (DON) on 06/04/15 revealed she had been notified of an allegation of neglect, involving Resident #1, by the Department for Community Based Services (DCBS) on 05/28/15. The allegation involved staff's failure to answer call lights timely, infection control concerns related to staff not wearing gloves, properly disposing of soiled items, and washing of hands after direct resident care was provided. The allegation also alleged the facility failed to provide treatment for redness to the resident's buttocks, and that facility staff was not accurately obtaining vital signs for the resident. Review of the facility's investigation and interview with the DON on 06/04/15 (five days after the allegation was voiced) revealed the facility failed to interview other alert and oriented residents regarding neglect and failed to address/investigate concerns regarding unanswered call lights, staff obtaining vital signs, treatment for skin concerns,</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>and infection control practices that were voiced in the allegation of neglect.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Abuse, Neglect and Exploitation," not dated, revealed staff was to ensure residents were free from abuse and neglect and that residents' health and welfare were protected. The policy directed the Administrator to follow the facility protocols for reportable incidents and stated an in-house investigation would be conducted and reported to state agencies within five (5) working days. However, the policy did not address how to conduct a thorough investigation of allegations voiced or identified in the facility.</p> <p>Record review revealed the facility admitted Resident #1 on 03/10/15 with diagnoses that included Congestive Heart Failure and Dementia. Review of the resident's Admission Minimum Data Set (MDS) Assessment dated 03/17/15 revealed the resident was frequently incontinent of bowel and bladder and was interviewable with a Brief Interview for Mental Status (BIMS) score of 8.</p> <p>Interview with Resident #1 on 06/01/15 at 1:50 PM revealed the resident stated, "I am glad I am going home in a few days." No other information was provided from the resident to the surveyor related to care/treatment received in the facility.</p> <p>Interview with the facility's Administrator on 06/01/15 at 5:45 PM confirmed she was notified of the allegation of neglect on 05/28/15 from a representative of DCBS at approximately 2:00 PM. The Administrator stated she and the DON</p>			F 225			

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F 225	<p>Continued From page 3</p> <p>had discussed the allegation and had gathered staff names and phone numbers. The Administrator stated no staff members or residents had been interviewed or assessed related to the allegation of neglect which involved Resident #1 at that time (three working days after being notified of the allegation). The Administrator stated she had five days to complete the investigation.</p> <p>Interview with the DON on 06/04/15 at 10:45 AM revealed the facility's investigation had been completed and a summary had been submitted to the state agency as required. Continued interview and a review of the facility investigation revealed facility residents were not interviewed related to the allegation of neglect or care concerns voiced. The investigation and interview with the DON provided no evidence of observations in the facility to ensure call lights were answered timely, infection control measures were followed, and vital signs were accurately obtained.</p>	F 225			